



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Meyers, Rachel E., et al					
Application No.:	10/664,506	Group No.:	1652			
Filed:	September 17, 2003	Examiner:	PAK, Y.			
For:	21481, A NOVEL HUMAN DEHYDROGENASE					
	MOLECULE AND USES THEREOF					

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- 1. Transmitted herewith for this application is/are:
 - a. This Amendment Transmittal (3 pages in duplicate);
 - b. Amendment and Response (19 pages);
 - c. Submission of Sequence Listing (3 page);
 - d. Paper copy of Sequence Listing (36 pages);
 - e. Diskette containing Sequence Listing;
 - f. Statement of Biological Culture Deposit (2 pages);
 - g. ATCC Deposit Certificate (1 page); and
 - h. Return Postcard.

STATUS

2. Applicant is other than a small entity.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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TRANSMISSION

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Signature /

Date: August 2, 2005

Beverly Sotiropoulos

(type or print name of person certifying)

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(Page 1 of 3)

Practitioner's Docket No. MPI00-079P1RCP2CN1M

PETITION FOR EXTENSION OF TIME

	The proceedings ant petitions for a north extension:												
		Extension	Fee due with this	ee: reque	\$0.00 est \$0.00								
	If an additional extension of time is required, please consider this a petition therefor.												
FEE FOR CLAIMS													
4.	The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:												
	(Col. 1)		(Col. 2)		(Col. 3)	OTHER TH							
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate		Addit. Fee					
Total	0	Minus	0	=	0	\$50.00	=	\$0.00					
Indep.	0	Minus	0	=	0	\$200.00	=	\$0.00					
First Pre	sentation of Multiple	Dependent	0			\$360.00	=	\$0.00					
						Total Addit. Fee		\$0.00					
		Tot	al additional fee	for cla	aims required	\$0.00							
FEE PAYMENT													
5.	Charge Account No. 501668 the sum of \$_\$0.00\$ (which includes the \$0.00 extension fee and the \$_\$0.00\$ additional fee for claims). A duplicate of this transmittal is attached.												
FEE DEFICIENCY													
6.	If any additional extension and/or fee is required, charge Account No. 501668. If any additional fee for claims is required, charge Account No. 501668.												

Practitioner's Docket No. MPI069079P1RCP2CN1M

7. Correspondence Address

Direct all future correspondence to:

Customer Number 30405

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August 2, 2005

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